Final Certification Application Checklist

Please note that: incomplete applications will cause a delay in the application process and may result in a return of the application.

1st Signature 2nd Signature
An agency personnel should insure that you have all documents accompany the application and sign below. It is recommended that a second person review the checklist to make sure all documents are attached.
\square Explanation if any person listed on the application has been convicted of a felony. Send DMH EXCEPTIONS LETTER with application.
□ Explanation of the components/programs in your agency that you are not requesting certification.
□Licensing, Certifying or Accrediting Body reports and verification of current status.
☐Signed Acknowledgement Statement
\Box A list of current sites- program name, physical address, services offered, contact person, hours of operation, telephone and fax number
□Note designee trained to initiate Civil involuntary detention (if applies)
\Box If staff is assigned to more than one program identify the percentage of time in each program.
staff, maintenance
\Box List of all Personnel- full time, part time, volunteers, administrative, practicum/ intern students, contracted
☐ Table of Organization- include each person filling each position, lines of supervision, include vacancies
□ Agency Brochure- list all services provided with description of services.
□List of all personnel –
□Crisis assistance and Intervention information or MOU
□Program Schedule- group schedule
□Client Orientation Packets
☐ Medication Assisted Treatment for the treatment of addiction information or MOU
☐ Medication- staff that have access to medication
□Dietary information- if applicable
☐Insurance – all current liability insurance policies
☐Fiscal information
□Quality Assurance
☐Governing Authority information
☐Building, Fire and Safety Inspection
□Policy and Procedures: see Policy Procedure checklist available in the certification resources link.